

NOV 29 2005

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Fax

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Urgent

Confidential

Date: 29-Nov-05

To:
Examiner: Ng, Christine Y.
USPTO

Fax:
(571)-273-8300

Art Unit:
2663

From:
Michael A. Proksch
Intel Corporation

Fax:
503-264-1729

M/S:
JF3-147

Subject: Application No.: 09/816,652 Docket #: P15414
Filed: 03-23-2001 Inventor: Manish Airy

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Derek S. Watson Date: November 29, 2005



Message:

Included in this transmission:
Fax Cover Sheet (1 page)
Request for Continued Examination (1 page)
Fee Transmittal (1 page submitted in duplicate)
Petition for Two-Month Extension of Time (1 page)
Preliminary Amendment and Response (12 pages)

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 09/816,652 Filing Date: 3-23-2001 First Named Inventor: Manish Airy Examiner Name: Ng, Christine Y. Art Unit: 2663 Attorney Docket No.: P15414	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$): 1240.00			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
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 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 50-0221
 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____
 Extra Claims: _____
 Fee (\$): _____
 Fee Paid (\$): _____

HP = highest number of total claims paid for, if greater than 20.
 Indep. Claims: _____
 Extra Claims: _____
 Fee (\$): _____
 Fee Paid (\$): _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Description	Fees Paid (\$)
Non-English Specification. \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Request for Continued Examination & 2 Month Extension of Time	1240.00

SUBMITTED BY			
Signature	/s/Michael A. Proksch/Reg. No. 43,021/	Registration No. 43,021 (Attorney/Agent)	Telephone 503-264-3059
Name (Print/Type)	Michael A. Proksch		Date November 29, 2005

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